

**APPLICATION FOR RESERVATION
of
LIMITED LIABILITY COMPANY NAME**

Submit in Duplicate

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
<http://www.sos.state.ne.us>

The undersigned hereby requests the following name be reserved:

Name to be Reserved _____

Reservation is good for 120 days

DATED _____

Signature

Printed Name

Street Address

City, State, Zip

FILING FEE: \$15.00